

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>		<i>3/28/10</i>

INDEX OF CLAIMS

- ✓ Rejected
- Allowed
- (Through numeral) Canceled
- Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Final	Original	Date	Claim	Final	Original	Date	Claim	Final	Original	Date
1	✓			51				101			
2	✓			52				102			
3	✓			53				103			
4	✓			54				104			
5	✓			55				105			
6	✓			56				106			
7	✓			57				107			
8	✓			58				108			
9	✓			59				109			
10	✓			60				110			
11	✓			61				111			
12	✓			62				112			
13	✓			63				113			
14	✓			64				114			
15	✓			65				115			
16	✓			66				116			
17	✓			67				117			
18	✓			68				118			
19	✓			69				119			
20	✓			70				120			
21	✓			71				121			
22	✓			72				122			
23	✓			73				123			
24	✓			74				124			
25	✓			75				125			
26	✓			76				126			
27	✓			77				127			
28	✓			78				128			
29	✓			79				129			
30	✓			80				130			
31	✓			81				131			
32	✓			82				132			
33	✓			83				133			
34	✓			84				134			
35	✓			85				135			
36	✓			86				136			
37	✓			87				137			
38	✓			88				138			
39	✓			89				139			
40	✓			90				140			
41	✓			91				141			
42	✓			92				142			
43	✓			93				143			
44	✓			94				144			
45	✓			95				145			
46	✓			96				146			
47	✓			97				147			
48	✓			98				148			
49	✓			99				149			
50	✓			100				150			

If more than 150 claims or 10 actions  
staple additional sheet here

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